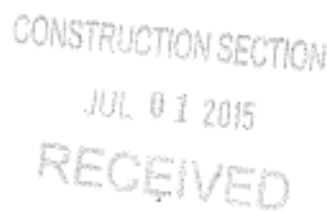


PRINTED: 06/09/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL098001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/04/2015
NAME OF PROVIDER OR SUPPLIER BARNES FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1008 CORBETT AVENUE WILSON, NC 27893		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report by Suzanna Fay DHSR Construction Section conducted a Biennial Survey on June 4, 2015 from 10:15 AM to 11:30 AM at the above referenced facility. DHSR records indicate the home was first licensed on June 1, 1972. This facility is licensed for six (6) ambulatory residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency) which indicates that the bed count was increased to six sometime after April 1, 1984. Based on this information we are requiring the home to maintain compliance with the following: the 1984 "Family Care Homes Minimum Standards and Regulations," applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1978 (Revision 5) of the North Carolina State Building Code - Section 409.1 (g) - Residential Care Facilities. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000	 <p>CONSTRUCTION SECTION JUL 01 2015 RECEIVED</p>	
C 117	Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based of review of records, the last fire inspection was conducted on May 28, 2014. The facility is due for its annual fire inspection. Contact the local Fire Official to conduct the	C 117		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

9999

40K521

 TITLE
Lacoma Barnes
Administration

 (X6) DATE
 6/29/2015
 If continuation sheet 1 of 4

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C 117	Continued From page 1 annual inspection. Provide a copy of the approved Fire Inspection Report to DHSR/Construction Section.	C 117	Wilson Fire Department conducted fire inspection on 6/5/2015. Documentation filed on 6/24/2015	6/5/2015
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. At the time of this survey, the exhaust fan was not working in the bathroom between Bedrooms #1 and #2. Have a qualified technician repair or replace the fan. Provide documentation of the repairs. 2. Observations revealed that a section of the floor in front of the sinks was soft and giving when stepped on. Have a qualified person identify the damage and make the necessary floor repairs. Provide documentation of the repairs. 3. Observations revealed that the exterior electrical outlet outside of Bedroom 3 did not have power at the time of this survey. Have a qualified technician repair or replace the outlet. Provide documentation of the repairs. 4. Observations revealed a metal prong broken off in the exterior outlet under the carport. Have a qualified person remove the prong. Provide verification of the repairs.	C 174	Exhaust fan will be cleaned by 7/30/2015. Pictures will be emailed to Suzanne Jay Bathroom floor will be replaced by 7/30/2015. Pictures will be emailed to Suzanne Jay Outlet will be repaired by 7/30/2015. Documentation repair will be emailed to Suzanne Jay Prong will be removed by 7/30/15. Documentation will be submitted via email to Suzanne Jay	7/30/15 7/30/15 7/30/15

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C 119	<p>Bathroom</p> <p>IV. The Building</p> <p>C. Physical Environment</p> <p>5. Bathroom (10 NCAC 42C .2206)</p> <p>a. Facilities licensed as of April 1, 1984 must have one full bathroom for each five or fewer persons including live-in staff and family.</p> <p>b. If there is a question whether a home licensed before April 1, 1984 has a sufficient number of bathrooms, the Division of Facility Services is responsible for determining the size and number of bathrooms required based on the number of persons living in the home.</p> <p>c. The bathroom(s) must be designed to provide privacy. A bathroom with more than one toilet or tub/shower must have privacy partitions or curtains.</p> <p>d. Entrance to the bathroom is not to be through a kitchen, another person's bedroom, or another bathroom.</p> <p>e. The bathroom must be located as conveniently as possible to the resident's bedrooms.</p> <p>f. Hand grips must be installed at all commodes, tubs and showers on the floor level used by the residents.</p> <p>g. Nonskid surfacing or strips must be installed in showers and bath areas.</p> <p>h. The bathroom must be well lighted and adequately ventilated.</p> <p>i. The bathroom floor must have a non-slippery water-resistant covering.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the tub did not have a hand grip in the Bathroom between Bedrooms #1 and #2. Have a qualified person install a secure hand grip at the tub to assist in getting in and out of the tub. Provide</p>	C 119	<p>Hand grips will be installed by 7/30/2015. Prefers will be emailed to supervisor by 7/30/2015</p>	7/30/2015

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C 119	Continued From page 3 documentation of the repairs.	C 119			